

# THE *Canadian Hospital*

*A Monthly Journal for Hospital Executives*

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Toronto, Can.

The Edwards Publishing Company

December, 1929

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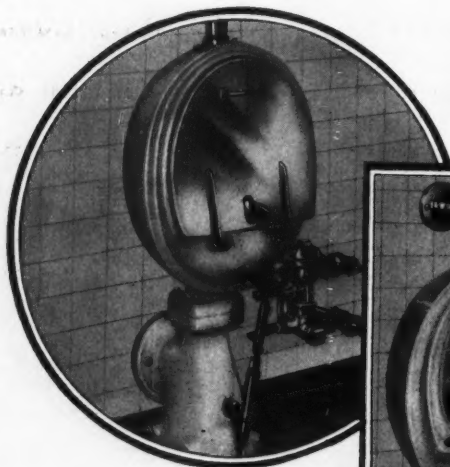


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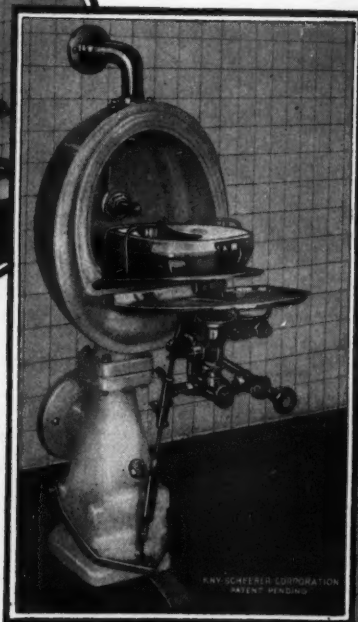
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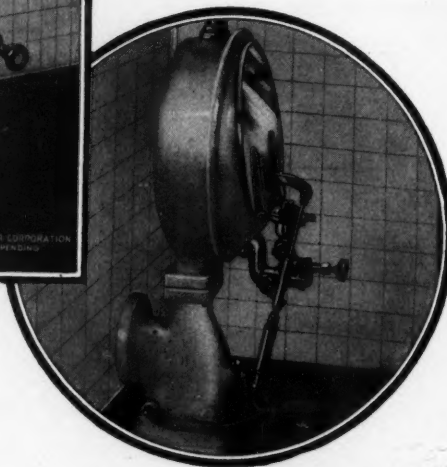


*Front view—closed*



*Front view, showing  
pan placed on baffle*

*Side view, closed, showing  
beauty of design and  
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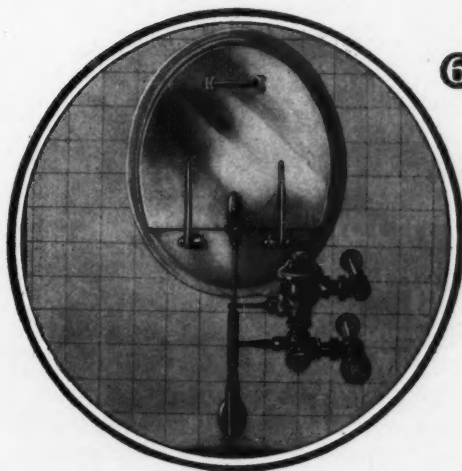
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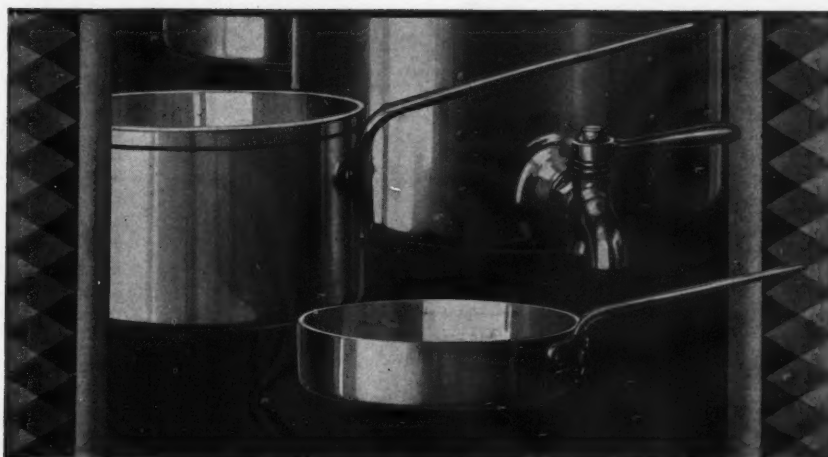
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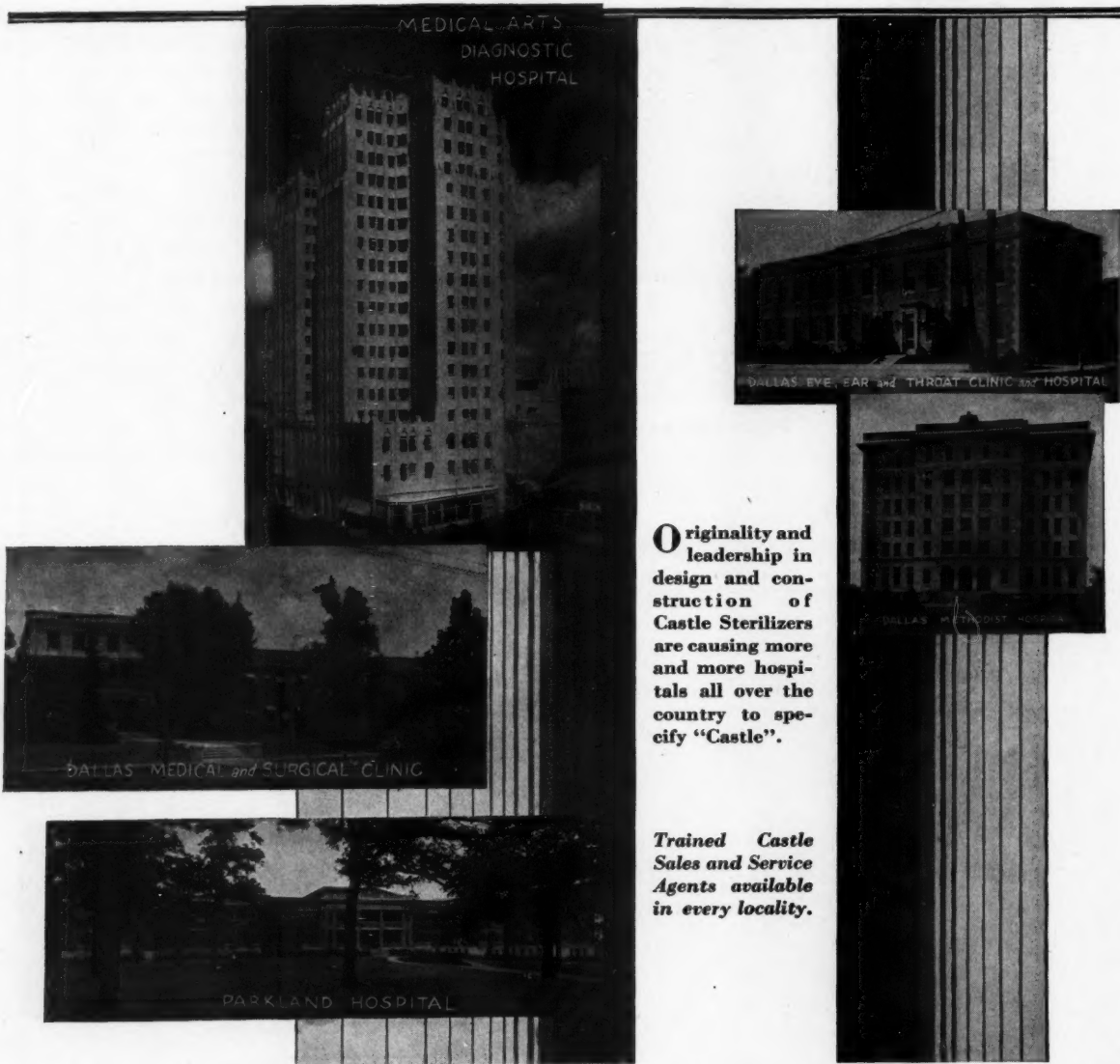
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## A Marked Improvement in Hospital Equipment and Practice

IT is very gratifying and encouraging to find that year by year more Canadian hospitals are meeting with the approval of the American College of Surgeons. Those who are familiar with the stipulations laid down for approval and the rigid scrutiny to which the hospitals are subjected realize what high standards of efficiency are being attained. For those who are not yet familiar with the requirements we tabulate them as follows:

(1) A modern physical plant, free from hazards, with a competent governing body.

(2) An efficient chief executive officer or superintendent, with a competent personnel.

(3) An organized medical staff of qualified physicians and surgeons who hold regular meetings to review and evaluate the professional work of the hospital.

(4) A thorough system for recording conditions, treatment and progress of each patient.

(5) Acceptable diagnostic and therapeutic facilities.

(6) Definite evidence that the staff members are opposed to fee splitting or payment of commissions by surgeons for patients referred to them.

Speaking on the subject of this survey by the American College of Surgeons, Dr. Malcolm T. MacEachern made the following remarks: "Not long ago, it was the custom to select hospitals on the basis of convenience, with little thought of how efficient they might be. In recent years, however, this attitude has changed and the public is demanding an efficient and safe hospital. The American College of Surgeons early in its existence saw the need for improvement of the average hospital equipment and practice. It proceeded to organize a program through which all hospitals over 25 beds are annually surveyed by competent physicians and are measured by certain minimum requirements which they must meet to be placed on the list approved by the College. This approval is from year to year, all institutions automatically coming off the list October 1st each year and are immediately reconsidered for new rating."

"In 1918 the survey was limited to hospitals of 100 beds or over, and of this number only 89, or 12.9 per cent. were approved. In 1928 hospitals of 25 beds and over were surveyed and 1,919 or 69.5 per cent. met the minimum standard requirements. The requirements are fundamental provisions for the welfare of the patient which are deemed essential for all hospitals.

"Improvement of hospitals arising from a determination to reach the minimum standard is shown by the reduction in hospital death rates, which means many lives saved, and a lessening of the average period of illness, revealed by a reduction in the average number of days spent in hospitals by patients. This means reduction in the cost of illness. Incompetent medical and surgical work has steadily declined and there has been a reduction in the number of complications of disease or injuries. There has also been a reduction of commercial irregularities among members of the



staffs of approved hospitals. The influence of the hospital standardization movement has spread far beyond the Americas, and its value has been recognized by practically all the leading nations of the world. The requirements of the College are universal in their application, for all hospitals regardless of location, have similar problems and deal entirely with the same objective—constant improvement in the care of the patient."

The report reveals that 95 per cent of the hospitals of 100 beds or more now measure up to the minimum standard requirements. About 65 per cent. of the 50-100 bed institutions are on the approved list and 20 per cent. of those with less than 50 beds. All government hospitals meet the requirements. The average "production" of a hospital bed is now at the rate of almost 3 patients monthly. The stay of most hospital patients ranges from 8 to 15 days, with an average of 12.5 days. The mortality rate in hospitals, now averaging 3.5 per cent., has also been cut in two in the past decade.



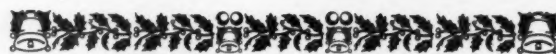
### *A Professional Community is Developed in Vancouver*

THE \$6,000,000 Medical-Dental Building in Vancouver, B.C., established in that city a professional community, bringing under one roof noted physicians and dentists, specialists in every known disease, operating theatre and a hospital. It is, moreover, a monument to the new spirit of co-operation and efficiency of professional life. Unlike buildings for general office use, the Medical-Dental Building has special wiring, ventilation and heating equipment. Immediate contact with tenants and service men is made possible by a paging system from the central office.

To the right of the elevator on the third floor is a complete, independent, self-contained hospital unit. There are operating rooms, public and private wards, diet kitchens, special modern sterilizing equipment and a call system to patients' rooms. All nurses in attendance are registered. In this unit, all patients will be close to their physicians who have offices in the building. The hospital is well equipped for emergencies and the stretcher elevator connects with every office and with the main entrance. There is no delay in admittance, no loss of time is occasioned, and the patient is not disturbed on entering or leaving.

A special ventilating system admits clean, purified air and takes away all odours of anaesthetics. The wiring is independent of the rest of the building. Windows are of heavy, soundproof construction ensuring a serene silence and quiet in the wards.

The hospital has accommodation for 25 patients, and has doctors' treatment rooms, two operating rooms of the very latest type finished with terrazzo floors with inlaid strips which are grounded so that electrical instruments in the hands of surgeons cannot possibly injure them or their patients in case of short circuiting.



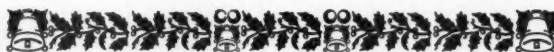
## Huletide Greetings!

With the approach of another Huletide Season we take the opportunity of wishing all those who are interested in hospital work and its attendant activities, the Compliments of the Season.

We trust that the New Year will add to the joy and contentment of our readers engaged in the humanitarian work of healing the sick, and to the happiness and prosperity of our business friends who contribute in practical things to this worthy purpose.

The Canadian Hospital will continually strive to present to its readers interesting editorial and news matter. To achieve this end, we ask your continued co-operation and support.

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The operating rooms are provided with scialytic lighting.

Instrumental in creating a further feeling of solidarity among the professions is the auditorium which has been constructed in the Medical-Dental Building. A special felt, insulated, acoustic ceiling eliminates echoes and brings the voice clear to every one of the 168 listeners which the auditorium accommodates comfortably. The hall will be used for lectures, demonstrations and meetings of special societies among the professions.

Two libraries are located in the building, one in the suite of the British Columbia Medical Association on the second floor, and one for the dental profession on the sixteenth floor. The clinical laboratory service is a further feature of the building which is interesting. Here is equipment for all practical clinical analyses at the request of registered physicians. Chemical, microscopical and bacteriological analyses are undertaken. Immediate reference to patients' cases may be made by an efficient system of filing X-ray photographs. X-Ray photographs are kept in separate fireproof, locked steel cabinets in a masonry vault located on the roof of the building. The entrance is through a fireproof vestibule equipped with double self-closing fire doors.

Several X-Ray specialists in the Medical-Dental Building bring close contact between the physician and the specialist conducting the X-Ray examination.

Physicians are able to see X-Ray photographs without loss of time. Complete reference files are constantly maintained and the X-Ray equipment is of the most modern design. The X-Ray rooms are so arranged that all high tension wires are entirely concealed, eliminating danger and adding to the efficiency with which the work can be carried out.



### *Case Records of as Much Importance as Business Records*

Our attention was recently directed to a report on the organization of a Maritime hospital drawn up by two hospital administration experts. The subject of Case Records was given particular analytical attention, and the clear, lucid and forceful manner in which the matter was handled induces us to quote verbatim the following paragraphs:

"Although often fully aware of the importance of business records, trustees are frequently indifferent to the patients' case records, and whether these case records are not properly attended to, which inclines us to believe that the importance of the subject must be so small as to be negligible. Case records are educational, education to the nurse, as well as to the attending staff; further, they are educational to the Board of Management and the Superintendent. They are a protection against institutions for suits of damages. They are insurance to the patient of proper treatment. They are an assurance to the public who contribute to the support of the hospital that their money is being properly expended. Case records not only demonstrate whether or not a physician is giving proper attention to a thorough going and exhaustive diagnosis, but actually securing this most difficult result by creating a consciousness of open records which are regularly checked up."

"No patient should be discharged from an institution

without his or her records having been carefully checked and any deficiencies promptly rectified. The system should be so developed that it could not be possible for any single department of the hospital to neglect this most important part of its function without the neglect being promptly noted. Large, cumbersome systems of records are by no means essential. There is a very readily available, minimum basic record system which is easily possible in any hospital, however small. The medico-legal importance of case records is self-evident. The importance is as great in its relations to protecting human freedom. Their proper keeping should be made legally compulsory."

"Our enquiries showed that you have a system of record keeping which can only be called "fair." No clerical staff has been provided for the compilation of cross indexing or follow up of these records. In very few cases did we find any record of physical examinations having been made. No staff conference notes did we find with daily or weekly progress notes added, and enquiry elicited the fact that in very few instances were these records complete at the time of the patient's discharge."

"To sum up, case records should be kept for purposes of analysis, in order that physicians will not treat symptoms only, but will make a complete diagnosis, in order that the cause of disease may be removed, and to protect against mal-practice and neglect. Treatment is often superficial, and in time is proved useless. A record of all treatment given will prevent this occurring. Histories should be taken for private patients, as well as for public ward patients. These records provide statistics for publication and for research purposes. They will help to prove or disprove complaints against the hospital. Board Trustees always demand an annual audit of the hospital's activities. In the same way the Board should demand from their medical staffs a medical audit of their successes and failures. It is a waste of money if not done right and doctors who will not keep records should be dropped from the staff of the hospital."



*Typical wards, in which sliding curtains are a feature, in Provincial Special Hospital, Edmonton, Alta.*

## Factors Entering Into an Efficient Operating Room Service

By A. C. GALBRAITH,  
Superintendent, Western Hospital, Toronto.

IT seemed to me, when first reviewing the subject "Factors entering into an efficient operating room service" that it was somewhat anomalous that a lay Superintendent be assigned such a searching task. I say searching, advisedly, because I have ransacked my library for references, only to be surprised at the paucity of really constructive comments in text books and periodicals. I was accordingly interested and somewhat impressed by the words of a surgeon, a contributor to one of the journals of recent date who said, "It can be said without fear of controversy that the operating room has received little attention from the critical students of hospital organization, planning and management."

The writer goes on to say that this may be explained by the fact that surgeons themselves vary widely in their views upon what constitutes the ideal functioning of an operating room and of its personnel. Upon second thought, I seemed to detect method in the Associate Director's allocation of the subject. In this Hospital Standardization Conference, through the courtesy of the College, representatives of all hospital groups are meeting on common ground for a common purpose. The lay Superintendent is taking an active part in the hospital administration of today. His attitude to questions technical or professional is not unimportant, and I feel that my few minutes before you this afternoon should hold something of interest apart from any value my remarks to the question subject may have.

The factors entering into an efficient operating room service are many and varied. To list all of these would take a longer time than you would care to allow. I submit herewith, however, my list and brief comment.

### *Location, Construction and Layout.*

When one thinks of operating rooms one considers generally the operative suite for major operations. This is obviously the most important section and to it will I devote my remarks, although I will refer under another heading to the various other operative units. The operative suite is generally located in the uppermost floor of the hospital for the purpose of securing the quietest, brightest and most clean location available. Excessive floor space is not uncommon. Much space can be saved through the use of well designed space-saving equipment. Ceiling allowances are often too great. With rooms equipped with mechanical ventilation and heatless lighting units, the provision of enormous window and skylight areas seems to be no longer necessary.

Auxiliary service rooms that contribute materially to efficiency are often lacking. The average suite in-

cludes anaesthetic rooms, sterilizing room, work room, surgeons' dressing and locker room and nurses' dressing and locker room, but only the exceptional layout provides space allowance for quick section room, consultation room, dark room, supervisor's room, instrument and equipment room, soiled linen room, cleaners' closets. The arrangement of all service rooms is of first importance. They must be accessible and adequate for their purpose. The question of coloured walls has received much consideration in recent years, to reduce the amount of "glare" and to obtain a more restful effect. Different shades of green and gray have been used with much success.

### *Lighting, Heating and Ventilation.*

Investigation and enquiry would seem to reveal the fact that daylight is rarely considered to be an ideal illuminant for surgery. In one hospital which I know intimately, the operating rooms project in bays which allow light on three sides, with extensive skylights, yet here, artificial light is used in over 90 per cent. of operations. Among the many types of "shadowless" operating room lights on the market can be found very efficient and comparatively inexpensive units that draw the utmost approval of the surgeons. No matter what form of central lighting there may be, one or two spotlights seem to be almost indispensable.

A secondary or emergency lighting system is absolutely necessary. For the protection of the patient, the temperature of the room should be carefully regulated between 76 to 80 degrees F. Many hospitals have a direct steam line to the operating rooms for use in weather not calling for heat in the wards. Mechanical ventilation is very desirable, but lacking this service care must be taken to protect the patient against direct draught. In hot weather no people are more appreciative of electric fans than the operating room staff.

### *Equipment and Supplies.*

There is no place in any hospital for unreasoning economy and less than that in the operating room. There is a standing order in the hospital that I represent that any staff surgeon may requisition the supply of any type of instrument without question. This places them upon their honour to be fair with the hospital. The surgical section should meet at intervals to discuss all matters in connection with their service, and all current recommendations regarding equipment replacements or additions should be passed on to administration. All equipment should be of the best obtainable and should be kept in constant repair. The hospital is fortunate that has available a skilled instrument-maker for the repair and servicing of instruments, for this task is of great importance.

It is advisable that a sufficient supply of instruments be made available for each unit in order that



one set may be sterilized and set up during the time the other set is in use. This obviously saves time in preparing for successive cases. There should be an intravenous outfit ready for immediate service in each unit in order that this might be set up in one minute and solution ready for administration in three minutes. A hypodermic outfit with sterile ampoules of emergency drugs should be available for instant use. An approved suction apparatus is a standard equipment item. It is almost superfluous to add that all supplies and commodities furnished to the operating room be of first quality and of approved source of supply.

There is at the same time a real opportunity for constructive economy in the use of anaesthetics, ligatures, dressing and solutions and it is here that the loyal surgeon, anaesthetist or nurse can make a real contribution to hospital funds through the careful control of these commodities.

#### *Asepsis.*

It is needless to say that constant and continuous cleansing of the operating room and contents should be observed. To my mind this cannot be overdone. The suite should be constructed and equipped with an eye to asepsis. Unnecessary projections and ledges should be struck out of the plans whilst still on paper. Skylights furnish a cleaning problem. Floors, walls and furniture should not be porous, rough or irregular and should be of material and construction to stand up under constant cleaning. Many hospitals rightly insist that no doctor or nurse is allowed to do any work in the operating room without having made a complete change from street clothing even to the change of shoes. The innumerable details of personal asepsis of a patient, doctors and nurses are well covered in rules and procedures and need not be discussed in this paper.

#### *Records.*

If I have learned any lesson from my good friend Dr. MacEachern, it is the importance of records. From the moment the patient is received upon the waiting list, or if an emergency, from the moment that extra bed is set up, the records must be complete and continuous. This applies in greatest measure to the operating room. Each operation should be booked in strict priority of reservation. Ample time should be allowed for each type of operation, keeping in mind the length of time that is likely to be taken by the surgeon in question. Nothing can be more distressing to the patient or the relatives than to have a harrowing delay after the hour fixed for operation, and too much effort cannot be taken to avoid this unhappy experience.

Punctuality of all concerned is an obvious essential. A sound rule provides for the cancellation of any operation in the remote event of the surgeon being more than fifteen minutes late for his reservation. No operation should proceed until a properly signed consent slip is placed upon the chart. It is essential that the anaesthetist's record be fully completed as soon as possible after the operation has been finished. The complete record of the operation must be obtained from the surgeon at the earliest possible moment, and by "force" if necessary. The history clerk or stenographer should

take dictation of the complete procedure in as great detail as can be given. A very pretty stenographer helps a great deal to obtain good histories.

#### *Personnel.*

A skilled nursing service with good control and keen minds and high morale is essential to the most efficient operating room service. In no other department of the hospital can incompetence have such far-reaching and such disastrous results. Discipline and co-operation must be developed to a high degree. There must be an administrative head in this as in all other departments, and to my mind this should be the supervisor. In my opinion, no "average nurse" can qualify for the position of operating-room supervisor. She must have attributes that are not average. She must be fair and impartial at all times. She should have a sound post graduate course in operating-room work and in addition to this should be sent to other centres every second year to observe other methods and to receive the inspiration to improve and keep on improving her standards.

It is her duty to supervise and to instruct the undergraduate nurses who come and go almost too rapidly to permit of an ideal service. In the operating room as in other hospital departments, there is being seen more and more a larger proportion of graduate nurses. To my mind, the time is drawing much nearer when hospital budgets must take care of a greater number of permanent graduate nurses employed in the wards and departments, thus ensuring a more continuous and more competent nursing service. The interne service is of great importance, and should be so organized under the surgical Resident or senior interne, that each interne is familiar with his duties and responsibilities. A well-trained and attentive orderly is a decided asset in the operating room. The duties and details a useful man may attain are surprisingly many.

#### *Co-operation.*

One can imagine no place where co-operation is more to be desired than in the operating room. Sound policy dictates the rule that "the surgeon is always right." His is the responsibility, the greatest nervous strain and physical tension, and his orders and wishes must be law. On the other hand, undue irritability and unnecessary censure on the part of the surgeon is certain to affect adversely the efficiency and co-operation of the assisting personnel.

"An organization is the shadow of one man," and the leading influence in the success of any hospital organization must be the Chairman of the Board. Take any hospital as typical of this and I venture that you will find the personality of the presiding officer reflected right down the line. As in the old story, the commanding officer reprimands his second-in-command, and the bugler is booted by the assistant cook's assistant, all in the same morning. The spirit of an organization is an important factor in its efficiency, and whoever contributes to this helps to make a better job of the finished product. Typical of the many details that go to make for mutual appreciation is the mid-

*Continued on page 37*

## Mount Carmel Clinic Administered by Jewish Philanthropic Societies

THE inception of the Mount Carmel Clinic, Selkirk Avenue East, Winnipeg, Manitoba, dates back to the early part of 1926. As the means at the disposal of the Clinic were at that time very limited, activities were necessarily confined to rented premises of very moderate size. The clinic was established for the purpose of rendering free medical aid to the sick poor of the Community. It is non-partisan, and among the patients registered during the last few years, one can find a variety of nationalities, races and religious beliefs.

With the growth in popularity of the Clinic, and the ever-increasing demand on its activities on the part of needy classes of the Community, the Clinic found its quarters too cramped in the confines of a rented house, and a movement was set on foot in the direction of acquiring a larger and more suitable home in which to house its activities. On the 4th of May, 1928, this movement assumed definite plans, and materialized in the form of a public mandate given to the Board of Directors of the Clinic to proceed with the raising of a building fund which would erect a home for the Clinic. Various campaigns conducted last year culminated in the building of the present quarters of the Mount Carmel Clinic.

The Clinic is situated on a large piece of land on the banks of the Red River. It consists of a two-storey

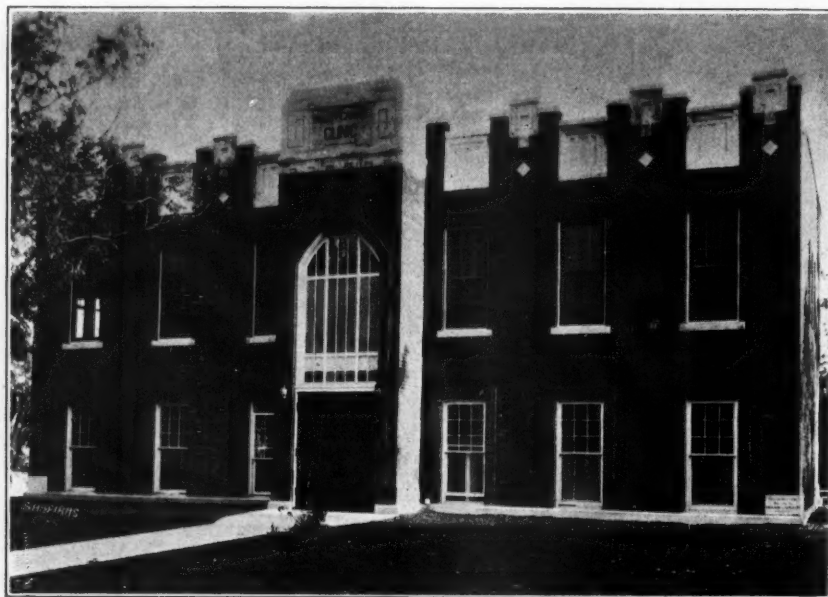
building housing all the necessary departments of a well-equipped Clinic. On the ground floor there is a Reception Hall, Board Room and Office, Registration Nook, Nurses' Room, Dispensary and Laboratory, three X-Ray Rooms, Room for Electro and Physio-Therapy, Janitor's Quarters and Public Lavatories. The top floor houses the Operating Room, Anaesthetic and Sterilizing Rooms, two Examination Rooms, Clinic for Eye, Ear, Nose and Throat work with dark room, Dental Clinic with its own Laboratory, Doctors' Room, two Hospital Lying-in Rooms for operative cases and a large Reception Hall.

Medical and surgical service is rendered gratis by a staff of seventeen medical men who form the Medical Staff. On this staff there are the following well known Winnipeg doctors: I. H. Beckman, A. Guttman, A. Hollenberg, S. Kobrinsky, M. Rady, Ben-Davis Feldman, N. Book, B. J. Ginsburg, M. S. Hollenberg, I. Pearlman (Chairman of the Medical Staff), H. Hershfield, C. J. Bermack, L. Hennell, A. L. Shubin, B. A. Victor, J. L. Wiseman, S. Jauvoish.

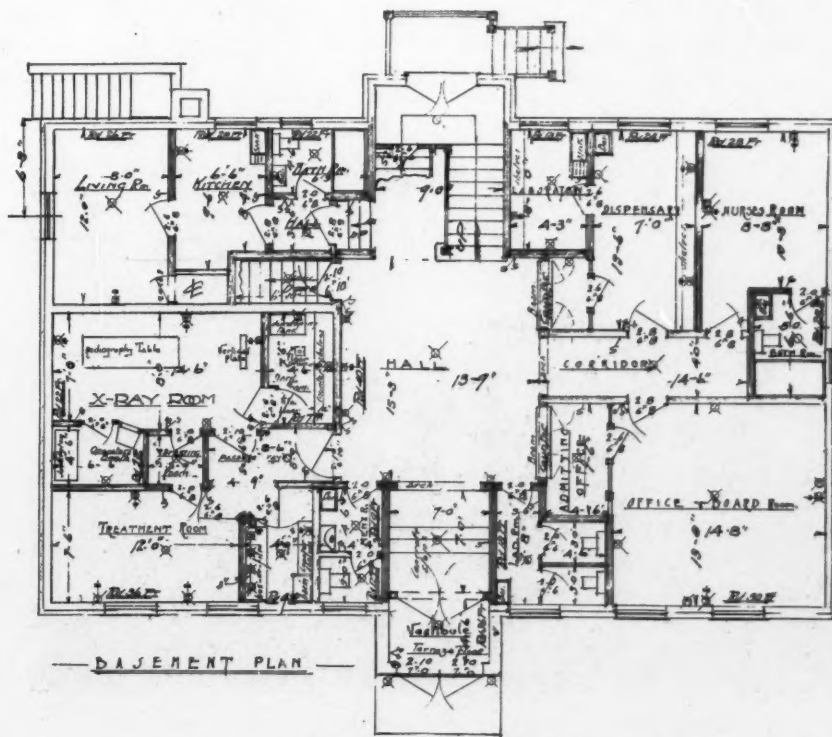
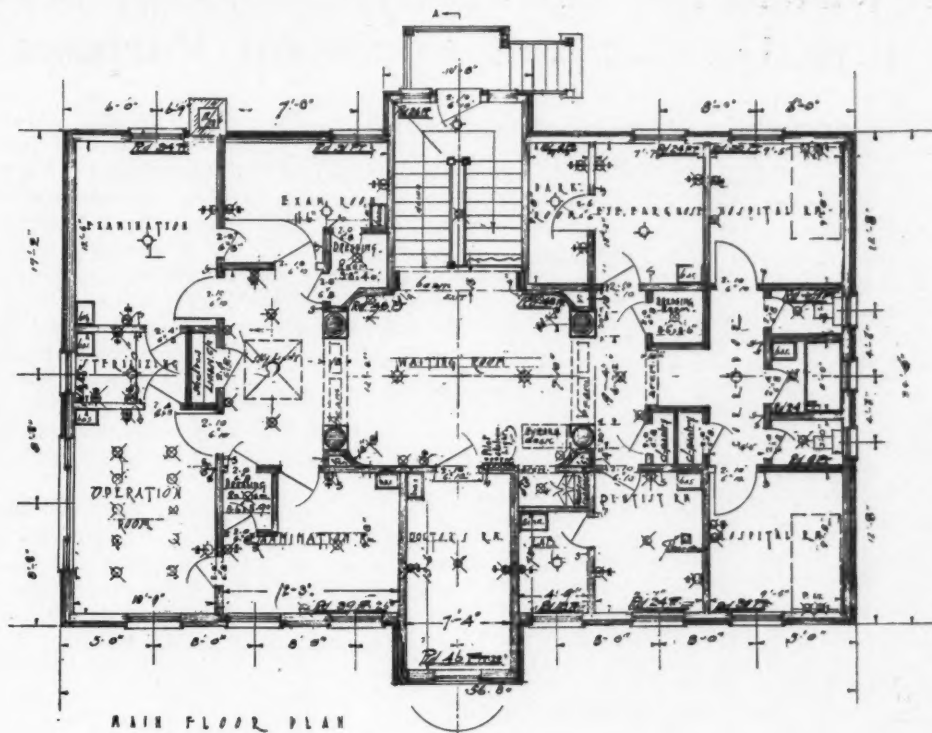
The Clinic Staff is composed of Miss A. Walkin, R.N., nurse and Laboratory technician and Miss S. Gofine, Dispenser. Dr. B. J. Ginsburg is President and General Manager of the Clinic.

The Administrative Body is composed of four sec-

*Continued on page 28*



*Mount Carmel Clinic, Winnipeg.*



*Plans of Mount Carmel Clinic, Winnipeg*



## The Richardson Laboratory, Kingston, Serves Three Distinct and Important Purposes

**T**HROUGH the generosity of Mrs. H. W. Richardson, widow of the late Senator Richardson, the Richardson laboratory was built in 1924. It serves three distinct purposes. First it forms the pathological department of the General Hospital, an institution of about 350 beds. In the second place it carries on the teaching in pathology in Queens University, a medical school with some 300 students. Thirdly it is the Branch Laboratory of the Ontario Department of Health carrying out pathological and bacteriological tests for the profession in Kingston and the surrounding district and distributing anti-toxic sera, vaccines and insulin. Over ten thousand examinations of pathological material are carried out every year in the laboratory and several thousand dollars worth of biological products are distributed.

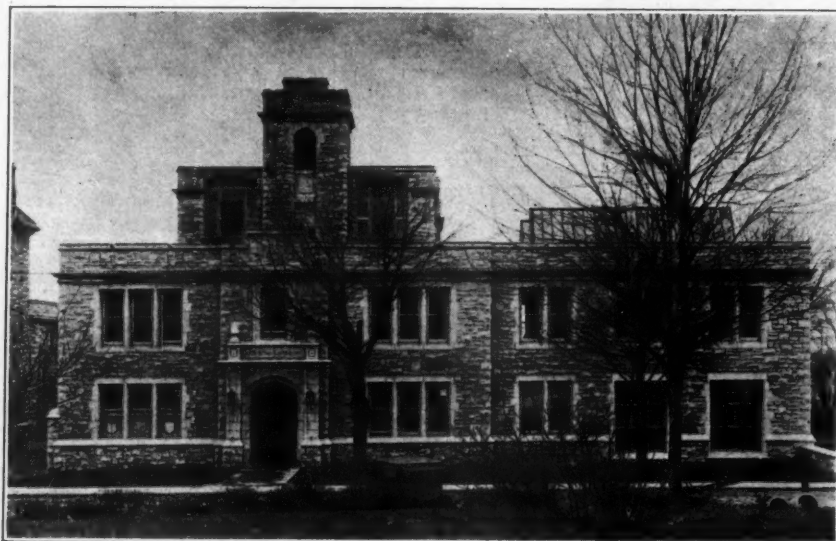
The laboratory is situated in Stuart Street, opposite Queen's University Campus and forms part of the large group of buildings which have grown up round the original hospital. It is thus in intimate association with the clinical work, a point of the utmost importance when material for purposes of diagnosis has to be brought or biological products distributed.

It consists of the following rooms. A large amphitheatre with seating accommodation for 100 students provided with a projection lantern of the most modern type which can be employed for demonstrating micro-

scopic preparations as well as solid objects. An autopsy theatre with the latest type of post mortem table and with a mortuary attached. A pathological museum containing about two thousand specimens most of which are mounted according to modern methods for preserving colour. A large well lighted laboratory for practical teaching in pathology, serology and clinical microscopy. A bacteriological laboratory in which the diagnostic work is done and milk and water tests carried out. A room for sterilization and the storing of outfits and glassware. A chemical laboratory for urea, sugar determinations, etc. An office, a refrigerating room and a histology room, also two private laboratories for the director, Dr. Miller and his assistant Dr. Hay.

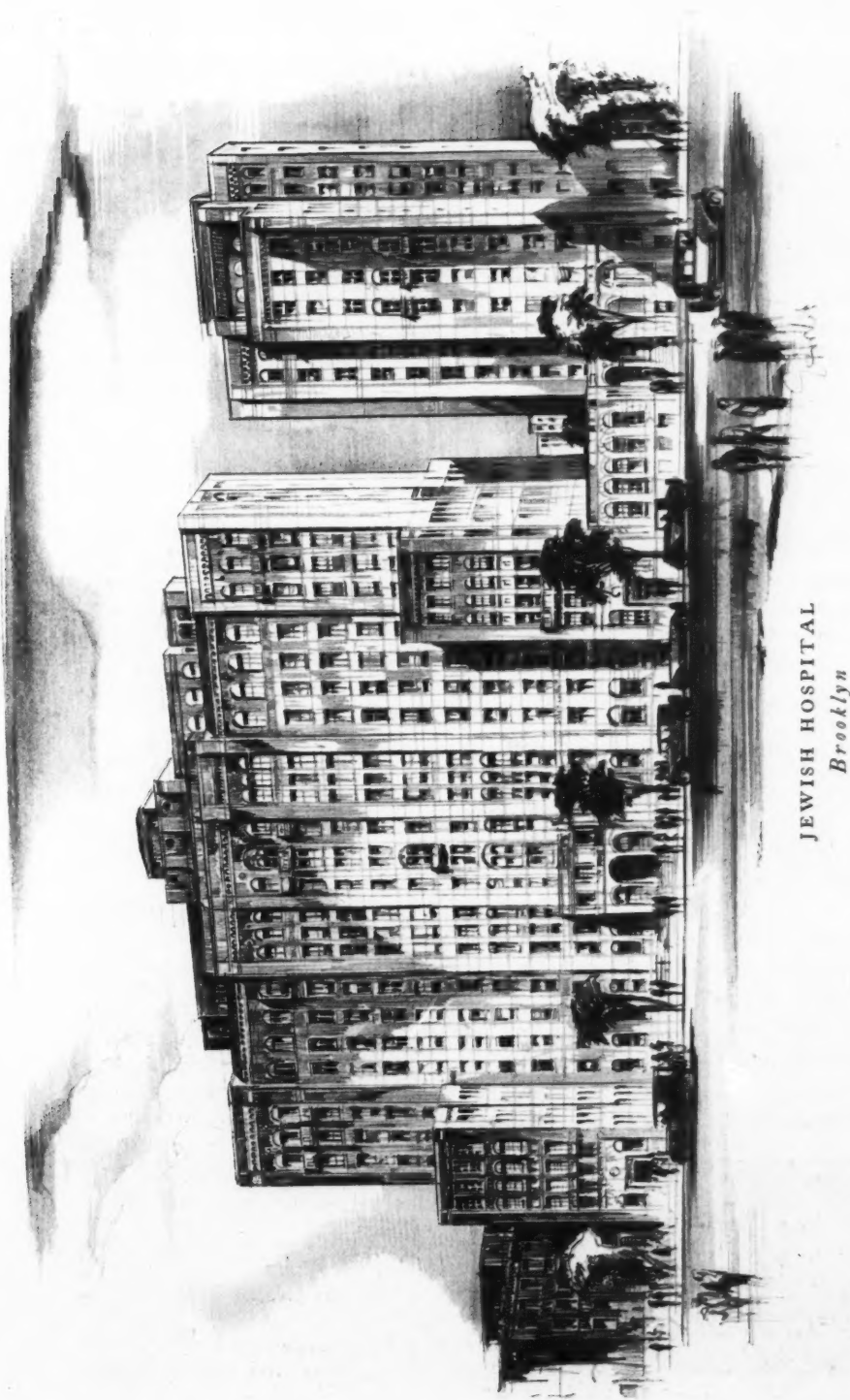
The laboratory is built of limestone with terrazo flooring and washable walls. It is provided with a lift and is heated by steam throughout. It is a fireproof building and it is ventilated by means of fans.

In addition to the medical students, the nursing staff of the hospital is taught in the building. The laboratory staff tests the nurses systematically for susceptibility to diphtheria and scarlet fever and immunizes them with toxoid and scarlet toxin. The result has been that no case of these diseases has occurred amongst the nurses for many years in spite of there being an infectious diseases block in the hospital group of buildings.



*The Richardson Laboratory, Kingston, Ont., conforms to the type of architecture of the General Hospital Buildings.*





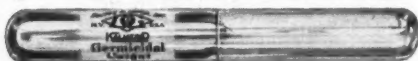
JEWISH HOSPITAL  
*Brooklyn*

A FAMOUS HOSPITAL WHERE D&G SUTURES ARE USED

## D&G Sutures PRICE LIST FOR DOMINION OF CANADA

### Kalmerid Catgut

**G**ERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

#### TWO VARIETIES

BOILABLE* NO.	NON-BOILABLE NO.
1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
1285.....40-DAY CHROMIC.....	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.60  
Less 20% on gross or more or \$34.56, net, a gross

### Claustro-Thermal Catgut

**A**SEPTIC. Sterilized by heat after the tubes are sealed. Boilable.\* Unusually flexible for boilable catgut.



NO.	PLAIN CATGUT
105.....	
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.60  
Less 20% on gross or more or \$34.56, net, a gross



D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

### Atraumatic Needles

**F**OR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.\*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.60
1342..TWO STRAIGHT NEEDLES...	36.....	4.20
1343..1/8-CIRCLE NEEDLE.....	28.....	4.20
1345..1/2-CIRCLE NEEDLE.....	28.....	4.20

Less 20% discount on one gross or more  
Sizes: 00..0..1

Packages of 12 tubes of one kind and size

### Kangaroo Tendons

**G**ERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	NON-BOILABLE GRADE
370.....	
380.....	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....\$3.60  
Less 20% on gross or more or \$34.56, net, a gross

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D&G Sutures are obtainable from responsible Canadian dealers; or direct, postpaid

# PRICE LIST FOR DOMINION OF CANADA *D&G Sutures*

## Unabsorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..84.....	00, 0, 1	
400..BLACK SILKWORM GUT..84.....	00, 0, 1	
450..WHITE TWISTED SILK...60.....	000 TO 3	
460..BLACK TWISTED SILK....60.....	000, 0, 2	
480..WHITE BRAIDED SILK....60.....	00, 0, 2, 4	
490..BLACK BRAIDED SILK....60.....	00, 1, 4	

### BOILABLE

Package of 12 tubes of a size. . . . \$3.60  
Less 20% on gross or more or \$34.56, net, a gross

## Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..20..	00, 0, 1, 2, 3	
812..10-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
822..20-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
862..HORSEHAIR .....	56.....	00
872..WHITE SILKWORM GUT...28.....	0	
882..WHITE TWISTED SILK.....20.....	000, 0, 2	
892..UMBILICAL TAPE.....24...1/8-IN. WIDE		

### BOILABLE

Package of 12 tubes of a size. . . . \$1.80  
Less 20% on gross or more or \$17.28, net, a gross

## Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..20..	00, 0, 1, 2, 3	
914..10-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
924..20-DAY KALMERID " ..20..	00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...28.....	0	
984..WHITE TWISTED SILK.....20.....	000, 0, 2	

### BOILABLE

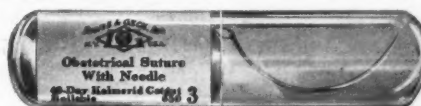
Package of 12 tubes of a size. . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



## Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.\*



No. 650. Package of 12 tubes. . . . \$4.20  
Less 20% on gross or more or \$40.32, net, a gross

## Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.\*



No. 600. Package of 12 tubes. . . . \$3.60  
Less 20% on gross or more or \$34.56, net, a gross

## Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

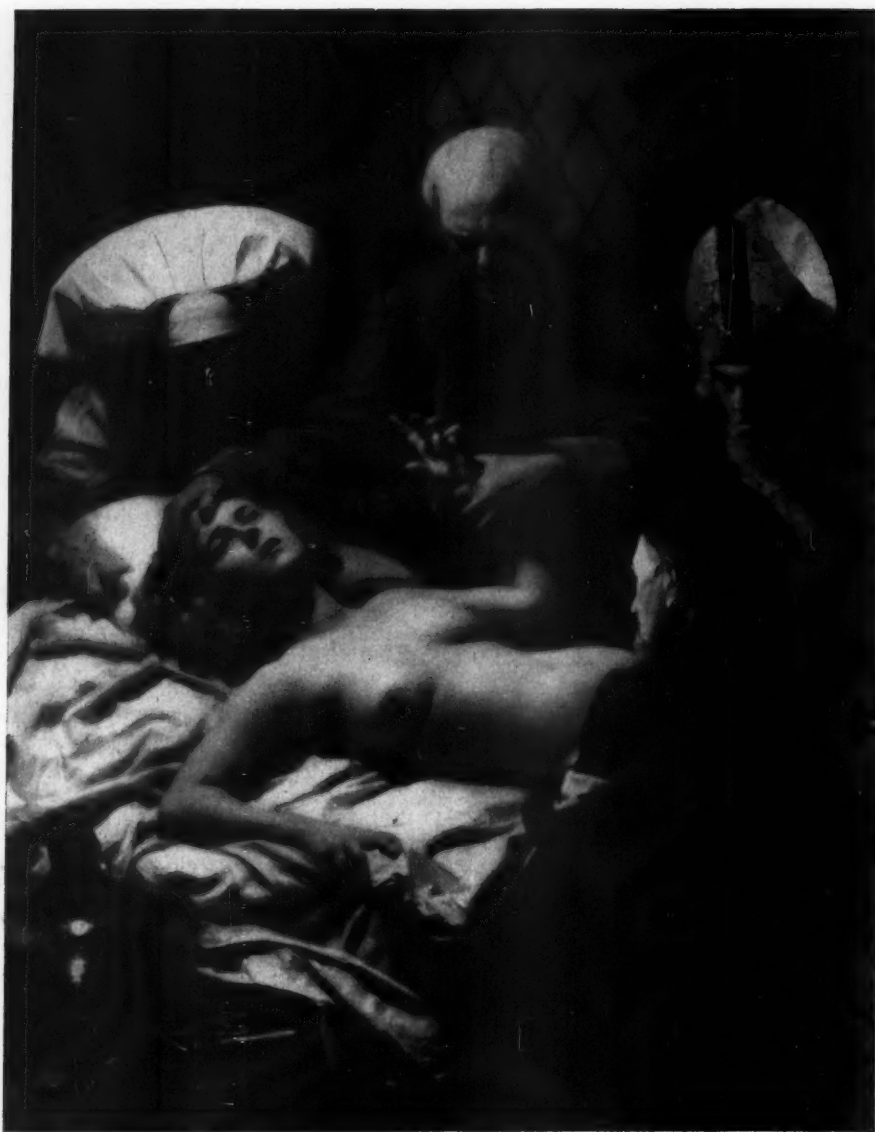
000	4
00	6
0	8
1	16
2	24
3	

\*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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JEREMIAS TRAUTMAN of Wittenberg performed, in 1610, the first complete cesarean section of record. The operation was indicated by the presence of a large tumor and involved both laparotomy and opening of the uterus. The loss of blood was not excessive; nor was the pain, as the patient testified. The abdominal wound was closed with sutures but not the incision in the uterus.

## *D&G Sutures*

*"THIS ONE THING WE DO"*

DAVIS & GECK INC.



### Montreal Hospitals Adopt New Fire-Safety Measures

Passing by the Western and General Hospitals of Montreal, many persons have been puzzled by the unusual tabular contrivance that connects each floor with the ground. These Tubular Slides, made by the Potter Manufacturing Corporation of Chicago, replace the old "flight of steps" fire escapes which were ever dangerous—especially in the winter when snow and ice made them slippery and highly treacherous.

The Potter Tubular Slides connect with automatic doors in the wards. In case of fire, patients may be quickly carried to the doors and sent, properly wrapped and on their own mattresses, down the escape. At the bottom they automatically come to a stop, ready to be carried away from exposure. No matter if flames surround the escape, or snow and ice conditions prevail, the patients come sliding away from the danger zone, handled with all the tenderness of the most careful nurse. The method allows the safe removal of all inmates in at least one-fifth the time occupied by the ordinary procedure. And where time is vital—when every second may mean lives saved—the value of these new safety measures can be readily estimated.

The Western and General Hospitals are the first institutions in Canada to adopt Potter Tubular Slides. They have also been installed on the Jeffrey Hale's Hospital at Quebec, and the Winnipeg General Hospital are equipping their building with them.

### Ontario Hospital Association Announce 1930 Convention Dates

A meeting of the Board of Directors of the Ontario Hospital Association was held at the Royal York Hotel on the 28th of November, 1929. The meeting was well attended and much important business was transacted, the chief of which was the appointment of Committees for the year. Reports from the 1929 Legislative and Exhibit Committees were heard and preliminary arrangements for the 1930 Annual Meeting were made. It was decided that the 1930 Convention be held in Toronto on the 1st, 2nd and 3rd of October. Members and others interested in this meeting are asked to make note of these dates now. Particulars of headquarters for the meeting will be announced later.

### St. Michael's Hospital Adopts Flat Rate in Semi-Public Ward

To accommodate patients of moderate means, and to enable family doctors of said patients to attend them while in Hospital, St. Michael's Hospital, Toronto, has opened semi-public wards for maternity cases at \$3.00 per day, flat rate.

Accommodation for medical and surgical patients in these new semi-public wards may be had at \$2.50 per day, not including laboratory, X-Ray or Operating Room fees.

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The modern, safe, efficient way to vaporize medicated solutions. A vaporizer that is smokeless and safe. Used by simply plugging in to the lighting circuit. No danger of explosion, no danger of ignition, no watching. The amount of medication may be determined beforehand and when this is vaporized it automatically stops.

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Hospital Supplies

TORONTO

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Please refer to THE CANADIAN HOSPITAL when writing

## Drumheller Hospital Able to Finance Its Own Needs and Builds New Three-Storey Wing

THOSE who have followed the progress of the Municipal Hospital movement in Alberta since its inception will remember that municipal hospital districts were not created without stiff opposition. The Drumheller district was no exception, and a complete story could be written on the early struggles to establish the present hospital in Drumheller. Today, however, is a time for congratulation, a time for satisfaction, a happy day for the men and women who championed the municipal hospital idea. Fifty thousand dollars has been spent on the addition which was formally opened by the Hon. George Hoadley on October 22nd.

What is also a real cause of gratification for them is the happy knowledge that the hospital has financed its own needs. Through most capable administrative direction by the directors and officers, and efficient management, the hospital, after granting most reasonable and indeed low rates to hospital taxpayers and miners, has been able to supply its own capital expenditures. It has in other words, bought its own bonds covering the cost of extensions to the original building.

### *Historical Aspect.*

The Drumheller hospital district was established in 1919 and the hospital was built in the same year. It was officially opened on July 15th, 1920.

Previous to the building of the hospital, Drumheller was served by a small emergency hospital, operated by

Dr. Dawson Graham. The facilities were far from adequate. Big coal mines were being opened up, the farming district rapidly settled up, and the situation was alarming. One only needs to listen to the old timers, when talking about the first 'flu, and other epidemics, to marvel at the fact that there was such opposition to the establishment of a municipal hospital in Drumheller. The miners were enthusiastic about a hospital and the farmers in the immediate district of Drumheller were equally enthusiastic, but the farmers in the outlying districts were at that time opposed to the idea of the hospital. Miners and mine operators had been planning on building a 100-bed hospital themselves, but they threw in their lot with the advocates of the municipal hospital idea and helped to materialize it.

Since the establishment of the hospital the feeling in the country has completely changed, and the farmers of the district are as keen about and as proud of the hospital, as the miners. Much newspaper criticism was directed at the health conditions in the Coal City (Drumheller) in the early days. The heated anger engendered by these strictures undoubtedly incubated the hospital idea the quicker, and in a short time brought about its establishment.

### *Hospital Opened July 15th, 1920.*

When the hospital was opened on July 15, 1920, it had 36 beds, operating and up-to-date case and sterilization rooms. Sun parlors were built later, giving ten additional beds at the East end of building. Then



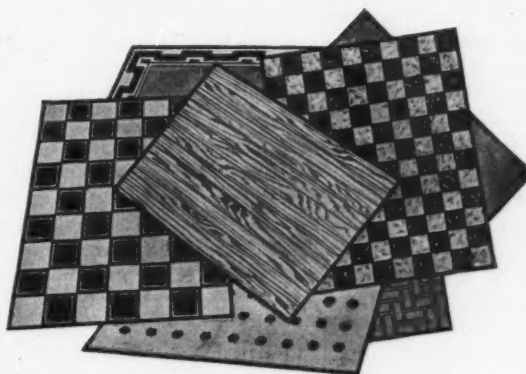
*The Municipal Hospital, Drumheller, Alta., is ideally located amid beautiful grounds.*

in 1925, the top floor of the three-storey building was renovated for maternity cases only, and a further additional 19 beds and 15 cots provided, making accommodation for 80 patients. These measures helped for a time but the demand for hospital accommodation was so great and insistent, that the new wing became an absolute necessity.

*Extension is Large.*

In the new wing, opened on October 22, the enclosed space is 104 ft. by 34 ft. on the south side of the present building. This wing, too, is a three-storey structure with full sized commodious basement, the building being of brick and tile, and following the lines of the general construction of the hospital. The basement is taken up with administrative offices and medical and surgical supplies storerooms. On the first floor of the new wing are four single wards, and eight double wards or twenty beds, with bathrooms and all modern appointments. The same scheme is carried out on all three floors, making sixty additional beds. Part of this extra accommodation is being used by the staff, and this arrangement will prevail until the whole is required for hospital purposes. In this connection, it might be stated that the chairman of the hospital board, A. P. Hanley, basing his calculations on a close analysis, covering the past number of years, believes that, within the next five years, it will be necessary for the board to build a nurses' home, thus releasing rooms in the new wing for hospital purposes. When all accommo-

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clean and neat*

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For each there is a best way to keep them new looking, long wearing and protect the investment in them.

Whatever the floor, whatever the treatment, the FINNELL Scrubber-Polisher is the most scientific, up-to-date and reliable method to apply it.

Have your floor needs analyzed. The right sort of preservative—the correct cleaning preparation may make a difference of years in the life of floors and floor coverings.

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Write if you wish more fully descriptive literature on the FINNELL, or if you wish a survey by one of our expert representatives.

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Should be used for all kinds of floor cleaning. Dissolves in water. Makes your Marble, Terrazzo and Mosaic Floors reflect credit to your Janitor's hard work.

**CHAD** makes your dishes shine. Always use it in your dish-washing machine.

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We wish all our friends a Happy Yuletide and a Prosperous New Year.

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## *Drumheller Hospital Able to Finance Its Own Needs and Builds New Wing*

*Continued from page 27*

dation is made available to patients the capacity of the hospital will be 140 beds.

Sound proof rooms for seriously ill patients have been constructed, while sound-resisting rubber tile has been laid throughout the corridors of the new wing. Instead of bells, the electric system over ward doors, known as the Edwards Signal light has been installed.

Operating and case rooms are located in the same part of the hospital. The new building permits of X-Ray facilities and laboratory being improved. The new centralized heating plant and laundry building, 34 feet by 20 feet, and the new boiler room, 20 feet by 40 feet, which are apart from the new wing, allow increased kitchen space in the hospital, as the new kitchen now takes the place of the former boiler room. This means that meals will be handled more expeditiously owing to increased facilities.

### *Well Decorated and Equipped.*

Diet kitchens are connected with the main kitchen by a hoist. The roofing is of tar and gravel composition, while a 17-inch brick and tile fire wall completely separates the new wing for fire prevention and control purpose. The latest fire escape system is another feature, a steel frame wire chute having been installed.

### *Hospital is Well Staffed*

The present staff of the hospital numbers 35, there being 24 nurses, the rest being orderlies, maids and cooks. The medical staff consists of the eight Drumheller and six district doctors. Monthly clinics are held by the medical staff, when discussion on the work of the hospital and unusual cases takes place. The hospital caters to a population of 26,000, there being 856,000 actual taxable acres in the Drumheller Municipal Hospital district.

Government is by a board of management of ten elected by the ratepayers in the towns, municipalities and villages in the hospital district, and the board takes its duties very seriously.

The present board of management consists of A. P. Hanley (chairman) Drumheller; George H. Webber (vice-chairman), Drumheller, the original chairman and the man who brought the hospital to Drumheller; J. G. Reed, Mechece; A. E. Vigar, Grasswold; H. L. McKee, Starland; V. J. N. Simpson, Lambton; J. H. Weymark, L.I.D. 246; J. N. Milligan, L.I.D. 247; C. F. Rannie, Munson; Thomas Fernet, coal miners' representative.

Two other officials have accomplished outstanding work, one being James Rodgers, the secretary-treasurer of the hospital. Mr. Rodgers succeeded S. L. Williams a couple of years ago, and has made a remarkable success of his work. His most pleasant disposition makes him an ideal man for the position he occupies, while perhaps no one is better known in the district. The other official is the Superintendent, Miss L. V. Watson, R.N., who has been in charge of the hospital for the past few years. Her intimate knowledge of the work, executive ability and faithfulness to

duty, are characteristics of Miss Watson, well-known to all those in intimate touch with the hospital.

Others who have important posts, are Miss A. Allen, R.N., assistant superintendent, in charge of the surgical ward; Miss L. Glover, R.N., in charge of the medical ward; Miss B. McKinnon, R.N., in charge of the maternity ward; Miss D. Hooper, R.N., in charge of the operating room; Miss M. Winterton, and Mr. A. B. MacKenzie, in charge of the the X-Ray room, and Miss M. E. Surtess, housekeeper and in charge of domestic arrangements and linen.

It has been stated at the outset that the Drumheller Hospital has financed its new wing from its accumulated operating surplus or, in other words, the hospital has been able to buy its own bonds. This is truly remarkable as all hospital financiers will admit, but it is more remarkable when one considers the rates in effect at the hospital and the reasonableness of the hospital tax levy. The rural population is taxed at the rate of 2½ cents per acre, and the urban property owners, other than miners, pay a rate of three mills on their property. All receive hospital care for themselves and families at the rate of \$1 a day. Non-tax payers, other than miners, may secure the \$1 a day privilege by paying \$6 a year to the secretary-treasurer of the Board, or where they pay taxes other than property taxes, such as in Drumheller, they are billed with this \$6. The coal miners have a contract with the hospital board under which the hospital, for the sum of \$9 per year, undertake to provide free hospital service to the miners and their families. Contracts are made with the Miners' Unions, who collect the amount from the miners and turn it over to the hospital.

So far as can be learned, Drumheller enjoys the lowest hospital mine contract of any mining community in Canada. It is figured that the hospital, in serving miners and their families under this plan, contracts to serve some 5,000 people.

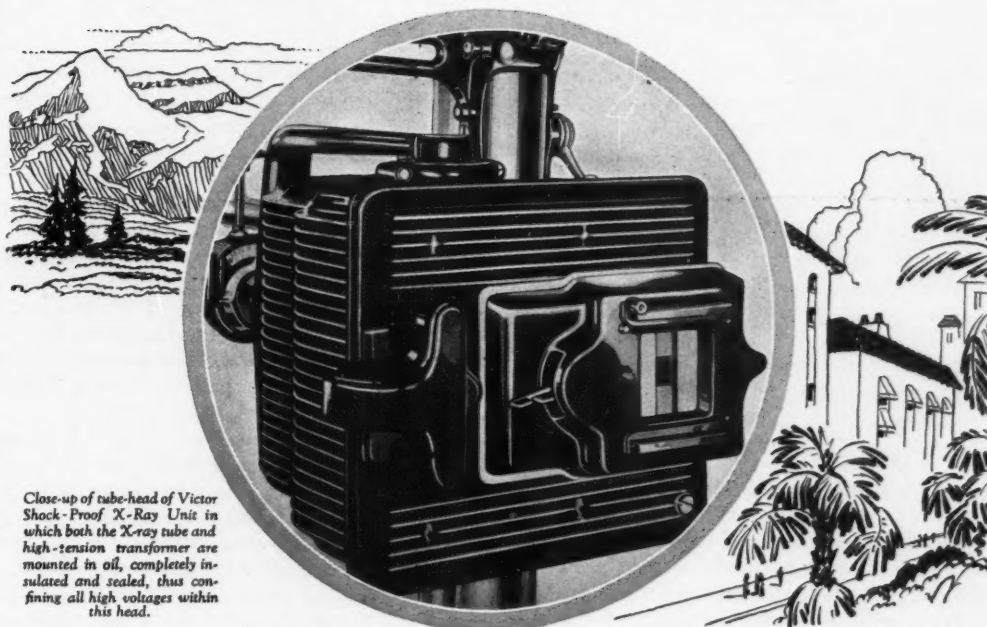
## *Mount Carmel Administered by Jewish Philanthropic Organizations*

*Continued from page 18*

tions, by the co-ordination of which the utmost co-operation is obtained in everything for which the Clinic strives. Officers comprise Mr. S. B. Levin and Mr. R. Cohen as Honorary Vice-Presidents; Dr. B. J. Ginsburg, President; Mr. I. I. Hurwitz, Mr. S. Kershner, Mr. J. Kovensky as Vice-Presidents; Mr. A. Cohen, Treasurer and Miss N. Abramovich, Secretary. The Board of Directors consists of the foregoing officers and over forty members, representing various benevolent and philanthropic Jewish societies. Valuable assistance to the Clinic is secured from the Ladies Auxiliary, whose officers are Mrs. G. A. Gordon, President, and Miss G. Cohen, Secretary, and from the Girls' Auxiliary the present officers being Miss B. Levin, President, and Miss R. Racklin, Secretary.

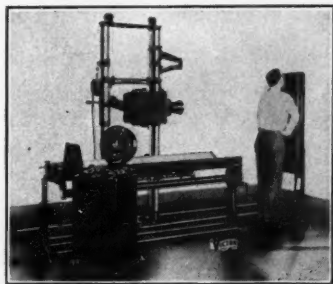
The Clinic is maintained through the voluntary contributions of the various affiliated organizations and private individuals.





Close-up of tube-head of Victor Shock-Proof X-Ray Unit in which both the X-ray tube and high-tension transformer are mounted in oil, completely insulated and sealed, thus confining all high voltages within this head.

## *Neither altitude nor humidity affects operation of Victor Shock-Proof X-Ray Unit*



### **Other Features**

- |  |  |
|--|--|
| 100% electrically safe.                | Consistent results.  |
| Silent operation.                      | Complete diagnostic service.                                   |
| Compact.                               | Unit construction permits variation according to specialty.    |
| Self-contained.                        | Minimizes danger around ether, as when setting fractures, etc. |
| Greater flexibility.                   | Few retakes—longer tube life                                   |
| Increased diagnostic range.            |  |
| Eliminates overhead system.            |  |
| Longer tube life.                      |  |
| Same tube used over and under table.   |  |
| Introduces a new principle of control. |  |

THE method used to make the Victor Shock-Proof X-Ray Unit 100% electrically safe, happily has made inherent another valuable feature, namely, imperviousness to all atmospheric conditions. Extreme humidity, which is probably the most troublesome atmospheric variation in operating other types of X-ray equipment, cannot affect the Victor Shock-Proof because all high voltage parts are immersed in oil. Likewise, altitude cannot affect its operation. The output will be the same in mountain regions as at sea level.

This uniformity of output is an advantage second only in importance to the SAFETY of this unit. Because both X-ray tube and high tension transformer are sealed in oil in one container, all danger of shock is absolutely eliminated. There is no high tension current except inside the tube-head and complete insulation renders it harmless. You can touch any part of this Victor apparatus with complete safety.

In the first few months of production, shipments of the Victor Shock-Proof X-Ray Unit have been made to ten foreign countries. In this country and abroad, this unit is hailed as the most important development in roentgenology since the Coolidge tube itself.

We have published a complete description of this outfit in an illustrated booklet which we will gladly mail upon request.

### **Victor X-Ray Corporation of Canada, Ltd.**

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## Attractive New Wing Recently Added to Deloraine Memorial Hospital

THE official opening of the new wing of the Deloraine Memorial Hospital, Deloraine, Manitoba, took place on September 24th, when over 300 persons signed the visitor's book and made a tour of inspection of the institution. The opening ceremonies were performed by the clergy of the various denominations resident in the hospital area. Mr. A. T. Hainsworth, chairman of the board gave briefly an "Historical Review of the Deloraine Memorial Hospital," stating that the hospital was originally established on August 6th, 1922, "not only as a hospital but as a memorial to our boys who fell in the Great War." On the memorial gateway are inscribed the names of the fallen heroes.

Since the opening of the hospital 1,441 patients have been treated and 161 New Canadians born. Tribute was paid to the Hospital Aid, who have not only given financial assistance, but who made valuable suggestions in the building of the new addition. Thanks were also tendered to Dr. R. S. Thornton who had superintended the beautifying of the hospital grounds. After the remarks of the speakers, the building was officially opened by Mrs. Kidd of Medora, the only mother of a fallen hero residing in the Brenda portion of the hospital area, after which she turned the keys over to Reeve Bates and Major Hays. During the after-

noon and evening the Ladies' Hospital Aid served refreshments to the guests in the hospital dining room.

As the hospital stands today, it is up-to-date in every respect. On the basement floor, in addition to the fuel room, fireproof boiler room and pump room, there is a fully equipped kitchen. Adjoining the kitchen is a large pantry and workroom with a tray lift to the upper floor. There is also a laundry chute. At the end of the hall is the refrigerator room and sterilizer room. At the other end of the hall is the staff dining room furnished by the Deloraine Hospital Aid, fruit and vegetable storage rooms, both ventilated to the outside, lockers for patients' personal belongings, etc.

On the first floor is located the office, nursery, bathroom, toilet, housekeeper's room, three semi-private wards, a large and well equipped operating room. Adjoining the operating room is a workroom equipped with all necessary conveniences and readily accessible to a sound-proof case room. On the south end is a spacious solarium for convalescent patients.

On the second floor is the X-ray room with its modern apparatus, a private ward furnished by the Goodlands Hospital Aid, bath room, toilet, four semi-private wards, the matron's bedroom, nurses' bedrooms and sitting room, these rooms having been tastefully furnished by the Deloraine Hospital Aid.



*The new wing of the Memorial Hospital, Deloraine, Man.  
A splendidly designed, small hospital building.*

### *Latest Hospital Report Shows Charges are 90 per cent Higher*

**A** REPORT on "Hospital Rates and Maintenance Costs in Canada" indicates many interesting angles of hospital costs. The Dominion Bureau of Statistics has recently re-calculated weighted index numbers of certain hospital charges and costs, using 1926 data as the basis of comparison. These index numbers as well as others on a 1913 basis are included in its pages. Calculations for recent years have been based on data received from 206 hospitals, and separate indexes have been constructed for rates of public, semi-private and private wards, operating room charges and per capita per diem cost of maintenance.

A survey of these indexes indicate that hospital charges generally are approximately 90 per cent. above 1913 levels, and almost 5 per cent. higher than in 1926. Hospital rates unlike commodity prices, did not recede after the period of post-war inflation, but have on the contrary steadily advanced from 1913 to the present time. Cost of maintenance figures also have showed a steady increase during the period, but their rise was not as appreciable as that of hospital rates.

An analysis of 1928 hospital costs and rates shows that increases were prevalent in the east, especially so in Quebec and Ontario. In the three most western provinces maintenance costs decreased slightly, and several lower average rates were likewise apparent. Average charges for public wards throughout the Dominion are estimated to have risen from \$1.02 in 1913 to \$1.83 in 1926 and \$1.96 in 1928. Average provincial figures in 1928 ranged from \$1.50 in Prince Edward Island to \$2.46 in New Brunswick. The Dominion index number for public ward charges rose from 54.3 in 1913 to 107.5 in 1928, considering the index numbers of 1926 as 100.

For semi-private wards, the Dominion average charge rose from \$1.57 in 1913 to \$2.85 in 1928. The lowest 1928 provincial charge of \$2.17 was returned for Ontario, while that of \$3.44 for Alberta was the highest. The Dominion index number for semi-private rates advanced from 54.0 in 1913 to 101.4 in 1928. Private ward rates for the Dominion rose from \$2.68 in 1913 to \$5.25 in 1928. Provincial average cost figures in 1928 ranged between \$3.66 for New Brunswick and \$6.46 for Quebec with Dominion index number for private rates being 103.6 as compared with 53.1 in 1913.

Operating room charges quoted were obtained by averaging major and minor fees assessed by each institution. Relatively to other hospital rates, operating room charges were lower in 1928 than in 1913, as may be seen from the index numbers following. From 63.8 in 1913, this index mounted to 102.2 in 1928, the latter number being well in line with other 1928 indexes shown. The 1913 number, however, was approximately 10 per cent. higher than those for other charges at

*Continued on page 42*

*Please refer to THE CANADIAN HOSPITAL when writing*

## Why Cleaning by Hand is out of Date in Hospitals



The Twin Disc is noiseless

The hospital dollar must utilize every cent of its purchasing power. Waste is outlawed—efficiency is the aim of capable hospital executives.

**Lincoln Twin Disc Scrubbing—Polishing—Sanding Machines** replace tedious, wasteful hand labor, and does the work much better, and more cheaply.

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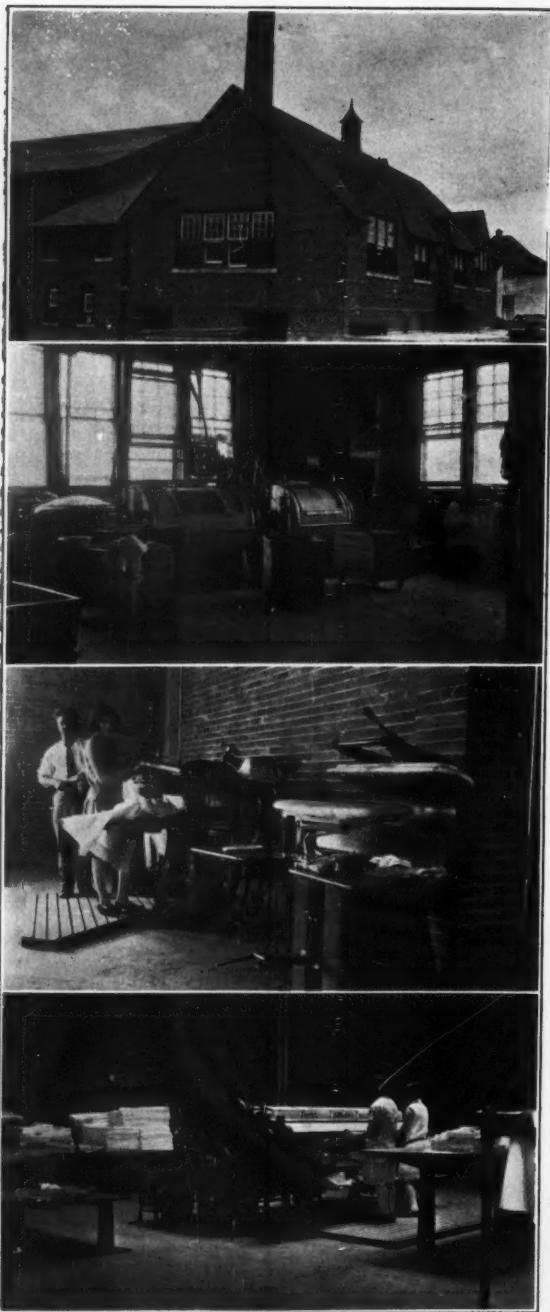
303 Birks Building  
Queen 6783





### *Co-operative Laundry Scheme at Sensenbrenner Hospital*

**A** UNIQUE situation prevails at the Sensenbrenner Hospital, Kapuskasing, Ontario, in connection with laundry methods. As indicated in a recent editorial covering this hospital,



*Exterior and interior views of the Laundry in connection with the Sensenbrenner Hospital, Kapuskasing, Ontario.*

the institution is the gift of the Spruce Falls Power and Paper Company, Limited. The company also operates at Kapuskasing a Hotel, Cafeteria and Club for the use of employees and business associates. It can readily be understood that the laundry problem would be the cause of some concern in such a comparatively new town as Kapuskasing. Even a commercial laundry could hardly be expected to render the expeditious and high class service which are absolutely necessary. For that reason it was thought advisable to install laundry equipment and hire a staff suitable for the needs of the Hospital, Club, Cafeteria and Hotel.

The advantages of the company operating its own plant are many. By doing the work themselves it is possible to have direct control of all operations and materials used. The hotel sells service primarily, and it is necessary that the facts governing this feature be closely watched. If necessary, bundles can be returned within four hours of receipt. Laundry received at 8.30 in the morning is returned in the evening. Claims on losses as well as damage to linens are reduced to the minimum. Furthermore the investment in linen need not be so large, it being found that this method necessitates only two-thirds of the amount otherwise necessary.

#### **Reduce Laundry Costs**

These are factors which contribute to the efficiency with which hospital laundry is performed, for on the completion of the hospital, it was arranged that the laundry work of this new institution would be performed by the central laundry. The scheme has worked out very satisfactorily, and laundry costs are reduced to the minimum. The operation of the laundry necessitates high pressure steam. Fortunately the modern hotel requires it also for the functioning of the kitchen, so that one source supplies both the hotel kitchen and the co-operative laundry.

The laundry equipment consists of the following:

- 2 Solid Head Washers.
- 1 Underdriven Extractor.
- 2 Compound Universal Presses.
- 1 Combined Neckband and Attached Collar Press.
- 1 Cuff Press.
- 3 Self-contained Ironing Boards with Electric Iron and Controller Equipment.
- 1 Two Roll Return Apron Flatwork Ironer, motor-driven.
- 1 15-gallon Heat Retaining Starch Cooker.
- 1 Sewing Machine for Repairs.
- 1 Press for Valet Service.

The laundry building has outside air on all sides and is thoroughly hygienic. Separate rooms are provided for sorting and packing. A check is made against the soiled linen the maids and the hospital turn in and the linen in reserve in store cupboards. All linen is inspected after it comes from the laundry. The staff consists of a superintendent, eight laundresses and one tailor for valet service.

### *Unsweetened Evaporated Milk in the Diet*

**D**R. MARY SWARTZ ROSE, an eminent authority on dietetics, says of milk: "No other food can serve so well as the foundation of an adequate diet, because no other reinforces it at so many points. It is for this reason that the term 'protective food' is aptly applied to milk."

The statement has often been made, "Nothing heals the body and restores the strength like milk." No diet for the sick is without milk and as much as one and one-half quarts per day is recommended in certain cases, for instance, in diseases of the stomach, fevers, intestinal and nervous disturbances. When it was recognized that there were many who had difficulty in taking milk, it was recommended that the milk be boiled in an open pan until the evaporation of water left a concentrated form of milk. It is that principle which underlies the preparation of unsweetened evaporated milk, whose use continues to grow apace in hospitals.

Unsweetened evaporated milk is twice as concentrated as rich whole milk. It can be purchased at a cost equal to, or less, than the cost of bottled milk, and employed in the preparation of milk drinks, soups, ice creams, custards, puddings and other cooked foods. Double the amount of milk nutrients can be incorporated in a food for a given volume through the use of evaporated milk.

The preparation of evaporated milk insures its reaching the ultimate consumer in a fresh condition. Evaporated milk plants are located near the source of milk supply, and in most cases the conversion of the whole milk into evaporated milk has taken place before the milk would have reached its destination in the city. In the preparation of this concentrated food, a little more than one gallon of water is removed from two gallons of ordinary milk. This concentrated milk is homogenized, that is, put through a machine to break up the fat particles. The globules are then so small that they remain evenly distributed through the milk, and do not form a cream layer. This is important, because before fat can be digested it must be homogenized in the alimentary canal. In cases of digestive disturbances this factor of evaporated milk should prove a distinct advantage.

In the process of sterilization to which the evaporated milk is subjected, the milk is rendered free from undesirable bacteria, and the physical character of the casein is changed in such a way that it does not coagulate in a mass. Whereas whole milk when taken quickly may coagulate in the stomach in large and heavy curds, evaporated milk behaves differently, a soft, nearly fluid curd being produced in the stomach. This is particularly important in infant feeding.

What of the food value of evaporated milk? No important constituent of raw milk has been lost, with the possible exception of Vitamin C. This is a variable in milk in any case, in many instances being al-

*Continued on page 41*

## Information Wanted!



The Brantford General Hospital Archive Committee urgently request a record of all nurses trained at this school from its inception 1888 to 1914.

Will nurses kindly assist to further this aim by sending in their names, addresses and year of graduation—also any information regarding other graduates of those dates.

Nurses will be required to produce their diplomas if requested.

Address—

**Miss M. MacCormack,**

Sec'y., Alumnae Association,  
General Hospital,  
Brantford, Ont.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

*Editor's Note: Contributions of items for publication in this department will be gladly received.  
Please Address, The Canadian Hospital, 454 King Street West, Toronto.*

ABBEY, SASK.—Buildings comprising hospital, isolation unit and nurses' residence at a cost of \$28,000 have been authorized for the new hospital district of Abbey Union. The new hospital will be located at Abbey.

\* \* \*

BERWYN, ALBERTA.—The Women's Institute of Berwyn have decided to allow the Sisters of Providence to manage the hospital on trial for one year.

\* \* \*

BONNYVILLE, ALBERTA.—The new St. Louis Hospital and sanatorium have been officially opened at Bonnyville. The hospital is in charge of the Sisters of Evron, France, and under the care of Dr. S. Sabourin, who has returned from a course in surgery in France. The hospital was erected at a cost of \$80,000.

\* \* \*

BRACEBRIDGE, ONT.—Bracebridge Memorial Hospital is the recipient of a cheque for \$1,000 from a summer resident near the town. The donor has asked that the money be expended on new anaesthetic apparatus and further equipment for the nurses' quarters. The donor supplemented his gift with an offer of a month's holidays in his Lake of Bays' summer home to all convalescent poor patients of the hospital.

\* \* \*

BROCKVILLE, ONT.—Due to the generosity of a summer resident near Brockville, the Brockville General Hospital is the recipient of special lighting equipment for the operating room.

\* \* \*

CALGARY, ALBERTA.—Hospital severity has given way to tasteful and colourful surroundings in the new maternity ward of the Holy Cross Hospital. Nursery, case room and sterilizing room are adjacent and have north and south exposures, and the entire suite is remote from general patients. Three-bed wards are a great improvement over the former ten-bed wards and the semi-private rooms are very comfortable.

\* \* \*

CARAGANA, SASK.—Miss Jean Campbell, who graduated from the Brandon General Hospital in 1925, has assumed her duties at the Red Cross Outpost Hospital at Caragana.

CORNWALL, ONT.—From October 14th to 18th the Managing Governors of the Cornwall General Hospital held a campaign for \$50,000 in the three United Counties. The hospital is in debt to the amount of \$40,000 as the result of extensive building and renovating operations.

\* \* \*

EDMONTON, ALBERTA.—The Conventions of the Alberta Hospital Association and the Registered Nurses' Association were held at Edmonton on November 18th and 19th.

\* \* \*

FALCONBRIDGE MINES, ONT.—Coincident with the arrival of the first trains, a start is being made on the excavation for a mines hospital, a further symbol of the profound influence of mines and their development

When ordering from your suppliers  
specify

**"MAPLE LEAF"**

(BRAND)

**ALCOHOL**

For Every Hospital Use

HIGHEST QUALITY BEST SERVICE

Medicinal Spirits  
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A Technical Service Division  
is ready at all times to co-operate  
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Please refer to THE CANADIAN HOSPITAL when writing



on human affairs, and the growing interest of capital in the welfare of labour.

\* \* \*

HIGH PRAIRIE, ALTA.—A much needed hospital of five beds, started this fall with the help of the Women's Institute, is now in working order. Miss Lawrence, a graduate nurse has arrived to take charge. A hospital board has been formed and the hospital handed over to the community.

\* \* \*

HULL, QUE.—The Sacred Heart Hospital of Hull, which has been entirely closed since last Christmas following a fire, will again be opened in December. The damaged section has been reconstructed and a new wing added. The new institution will have more than 80 rooms.

\* \* \*

KINGSTON, ONT.—The bulk contract for the addition of the Kingston General Hospital has been awarded to Gravock and Company, and work has already commenced. It is expected that the addition will be completed by December, 1930. The estimated cost is \$350,000.

\* \* \*

KINGSTON, ONT.—The cornerstone of the new St. Joseph's wing of the Hotel Dieu hospital was laid on October 10th by His Grace Most Reverend M. J. O'Brien, newly appointed titular bishop of Kingston.

\* \* \*

LONDON, ONT.—Miss Clara Preston, a graduate of the Royal Victoria Hospital, Montreal, has been appointed second assistant to the superintendent of nurses at the Victoria Hospital. Miss Preston is also a graduate of the McGill University School for Nurses.

\* \* \*

LONDON, ONT.—Miss Nora Macpherson has been appointed superintendent of nurses and principal of the training school of Victoria Hospital. Miss Macpherson has been assistant to Miss Grace Fairley, who recently resigned. The new superintendent is a graduate of the Hamilton General hospital, a post graduate of Johns Hopkins and a graduate of the School for Nurses, McGill University, Montreal.

\* \* \*

MONTREAL, QUE.—Opportunities for the more successful treatment of cancer are provided at the Royal Victoria Hospital as the result of a gift of 325 milligrams of radium valued at \$25,000 from a number of Montreal citizens.

\* \* \*

MONTREAL, QUE.—A \$1,600,000 anti-tuberculosis sanatorium will be built in the vicinity of Montreal in the near future. The cost will be borne by the Quebec Government, which will contribute 60 per cent. of costs and the City of Montreal which will subscribe 40 per cent. The sanatorium will be under the supervision of the Bruchesi Institute, an anti-tuberculosis organization.

*Continued on page 38*

*Please refer to THE CANADIAN HOSPITAL when writing*



**"Paragon Brand"**

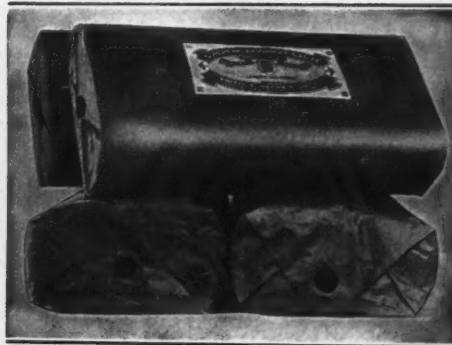
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### *J. F. Hartz Co. Soon to Occupy Splendid New Building*

The J. F. Hartz Co. Limited have enjoyed a constantly expanding trade since they first opened their doors in the Confederation Life Building, Richmond and Yonge Streets, Toronto, on January 1st, 1900. Their premises at that time were rather limited in size, being 18 ft. by 40 ft. Two salesmen and three inside employees were able to take care of the sales and execution of the orders during the first few months.

In 1909 the volume of business had increased to such an extent that they found it necessary to add considerable space for the conduct of their business. They moved to 406-408 Yonge Street, where they occupied three floors 30 ft. by 100 ft.

Their next move occurred in 1915 when they secured the property at 24-26 Hayter Street which made available five floors 44 ft. by 110 ft. In 1924 their growing Montreal business necessitated the opening of

an office there, and they secured suitable quarters at 1434 McGill College Avenue.

Continued business development has resulted in still another noteworthy change of location, and on January 10th, 1930, they are moving to their splendid new building at 32-34 Grenville Street, just west of Yonge Street. Here they will have seven floors and basement, in size 55 ft. by 137 ft. Every modern convenience is available in this attractive structure, including two freight and one automatic passenger elevator.

While the original business consisted largely of the sale of surgical instruments and hospital supplies, a large department devoted to the manufacture of pharmaceuticals and specialties has been developed. This section of their business will occupy four floors of the new building.

The J. F. Hartz Co. Limited are a purely Canadian Company, and all shareholders are employed in the business. The executives are—T. B. James, President and General Manager; J. A. Carveth, Treasurer; W. A. Gray, Vice-President; A. A. Stokes, Vice-President; T. C. Stokes, Director.



*The new Hartz Building at 32-34 Grenville Street, Toronto.*

**RELIABLE AS THE SUN!**

**MAGIC  
BAKING  
POWDER**

Made in Canada  
No Alum!

### *Factors Entering Into an Efficient Operating Room Service*

*Continued from page 17*

morning cup of coffee and sandwich as furnished to all ranks in the operating rooms.

#### *Types of Operating Rooms.*

When one commences to enumerate the number and extent of operating rooms throughout a representative hospital, the result is almost surprising. A larger proportion of space and personnel is so allocated than one would ordinarily think. Apart from the so-called "major" operating suites are other essential units where requirements differ somewhat from the larger units. The emergency operating room should be situated at the ambulance entrance. While the auxiliary service rooms should not be as numerous, there are certain essential features that must not be overlooked. Here one looks for a sterilizing room, work room, plaster room, splint room and adequate dressing and scrubbing facilities.

Then there are the maternity case-rooms, which of certainty come under our category; eye, ear, nose and throat operative suites with their special equipment and appliances, the cystoscopic room and dental operating room. The larger hospitals must have several units in each of the above specialties, both for public ward and private work.

And with all these elaborate and costly facilities who is there to say that there is one hospital that is complete and perfect? Of course, ideal efficiency is never actually achieved. There is always something ahead

that is worth working for, but with esprit-de-corps and keen striving for efficiency by all concerned, a very high type of service will undoubtedly follow. The motive and will to reach the highest possible standard is the biggest factor to this end.

---

MONTREAL, QUE.—There are 2,290 hospital beds in the city of Montreal. According to experts there should be at least 6,000; with 4,000 for ordinary sick cases, 500 for contagious diseases and 900 for tuberculosis. The detailed report indicates the bed capacities of Montreal hospitals as follows: Notre Dame, 285; Royal Victoria, 350; Montreal General, 375; Hotel Dieu, 300; Western, 100; Homeopathic, 75; Ste. Jeanne d'Arc, 50; Providence, 50; St. Justine, 180; Maternity, 50; St. Mary, 50; Women's Hospital, 150; Children's Memorial, 125; Montreal Children's, 50.

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EDMONTON, ALBERTA.—Grace Hospital has recently made some alterations in its administrative policy which it is expected will enlarge its usefulness and maternity service to the public. A large, bright, sunny ward has been set aside for maternity cases for which a very reasonable flat rate for 10 days hospital care will be charged. Extra days over the ten can be arranged for at a per diem rate. It is also rumoured that a new Grace Maternity Hospital will be erected by the Salvation Army at the south-east corner of 102nd and 112th streets if an exchange of property with the city can be effected.



... yes, **RAW** ...

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## News of Hospitals and Staffs

*Continued from page 35*

MONTREAL, QUE.—An extensive addition to the Children's Memorial Hospital is to be constructed. This will double the capacity of the present structure, accommodating as it will an additional 50 patients and 40 nurses. The new wing will consist of a ground floor, two floors of wards and two floors for nurses. Night nurses will be housed in the tower rooms. The chief feature of the two ward floors will be the terraces onto which the wards will open. Cots can then be wheeled out into the sunshine and fresh air instead of being taken through corridors. The cost will be in the neighborhood of \$250,000.

\* \* \*

NEW LISKEARD, ONT.—Extensive renovations have been completed at the Lady Minto Hospital, including painting, building new fire escapes, veranda repairs and the replacing of the old roof. The hospital now presents a much more attractive exterior.

\* \* \*

NIAGARA FALLS, ONT.—The announcement was made recently of a donation to the local hospital of \$25,000 from Mr. Harry Oakes. Over \$100,000 is now available for the much needed addition, and construction should commence early in the spring.

\* \* \*

NORTH VANCOUVER, B.C.—Commencing October 1st, North and West Vancouver practitioners commenced a monthly attendance rotation in the General Hospital for patients without a regular physician.

\* \* \*

OTTAWA, ONT.—Grace Hospital, a Salvation Army institution in the city of Ottawa, is contemplating the building of a new wing. New X-Ray equipment is being installed and a new laboratory is planned. Recent additions to the staff include—Dr. Harold D. Courtenay, eye, ear, nose and throat; Dr. J. Armstrong, pediatrician; Dr. L. W. Nixon, associate obstetrician; and Dr. G. Pennock. A private nursery for infant feeding and sick babies has recently been established and sun ray treatment for children has also been added.

\* \* \*

PARRY SOUND, ONT.—Miss Reita R. Hobden, a graduate of the Hamilton General Hospital, who has been superintendent of nurses at the John R. Stone Memorial Hospital, Parry Sound, Ont., for the past two years, was married on October 7th to Mr. Harold Overand of Orillia, where they will make their home.

\* \* \*

PARRY SOUND, ONT.—Miss R. V. Stone has assumed the position of superintendent of nurses at the Stone Memorial Hospital, Parry Sound.

\* \* \*

PORT ARTHUR, ONT.—It is expected that the new Port Arthur General Hospital will be ready for occupancy by December 15th.

Please refer to THE CANADIAN HOSPITAL when writing

QUEBEC, QUE.—An annex estimated at a cost of \$150,000 will be added to the Civic Hospital of Quebec, the decision having been recently arrived at by the Administrative Committee of the City Hall.

\* \* \*

REGINA, SASK.—Miss Vera Pearson has commenced her duties as superintendent of nurses at the General Hospital. Prior to coming to Regina, Miss Pearson was head of the training school at the Johnson Memorial Hospital, Johnson City, New York. Miss Pearson is a graduate of the Toronto General Hospital.

\* \* \*

RENFREW, ONT.—Miss Winnifred Dumanchel of Pembroke, a graduate of the Ottawa Civic Hospital of the class of 1927, has been engaged as assistant superintendent of the Renfrew Hospital. She succeeds Miss Clara Quackenbush of Kinburn, who has resigned after holding the position for several years.

\* \* \*

ROUYN, QUE.—Excellent progress is being made on the erection of the Noranda-Rouyn General Hospital, and the exterior is probably by now completed. The new hospital faces the west end of Lake Osisko. Provision is being made for a central heating system and the whole structure will be as fireproof as it is possible to make it. It is expected that the hospital will be ready to receive its first patients by February, 1930.

\* \* \*

ST. JOHN, N.B.—The new matron and superintendent of nurses at the Evangeline Hospital, a Salvation Army institution, is Adjutant Nellie Robinson, who succeeds Adjutant Frances Sibbick. Adjutant Sibbick was transferred to Bethesda Hospital, London, Ontario, where she assumed the duties of superintendent on October 6th.

\* \* \*

ST. JOHN, N.B.—Due to unavoidable delays it has again been necessary to postpone the opening of the Nesbitt Memorial wing of the St. John Tuberculosis Hospital, but it is thought that the official opening will take place on December 10th.

\* \* \*

SEAFORTH, ONT.—The Scott Memorial Hospital was opened on October 22nd. It is a fully modern institution with 20 patient beds, and is equipped with an electric elevator and X-Ray apparatus. The matron is Miss Margaret Wilson.

\* \* \*

SHOAL LAKE, MAN.—Fire completely destroyed the hospital at Shoal Lake, and an infant was burned to death in the disaster. The blaze is supposed to have commenced in the sterilizing room which adjoins the main building. The hospital itself was of frame construction, two storeys in height, consisting of an operating room, thirteen rooms including public and private wards. The hospital was erected in 1902 by the Victorian Order of Nurses.

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TORONTO, ONT.—The new Private Patients Pavilion under construction at the General Hospital will be opened on March 15th. The wing, which is nine storeys in height, will contain 300 beds and it is claimed will make the Toronto General Hospital the largest single unit hospital on the continent.

\* \* \*

TORONTO, ONT.—As a result of the marked success of the post graduate clinics in medicine held at St. Michael's Hospital in September, it has been decided to open the fortnightly meetings of the Medical Service Department to Medical practitioners. A program may be procured from the hospital. Moreover, the clinic and lecture course inaugurated this Fall may become a semi-annual instead of an annual event.

\* \* \*

VANCOUVER, B.C.—The Western Hospital Association has accepted an invitation from the British Columbia Hospital Association to hold a joint Convention with it in Vancouver in 1930. The Western Association includes in its membership hospitals in California, Oregon, Washington, Utah, Colorado, Idaho and Arizona. Mr. McVety of the British Columbia Hospital Association was elected director of the organization.

\* \* \*

VICTORIA, B.C.—Erection of a new hospital for crippled children as an adjunct of the Queen Alexandra Solarium at Malahat Beach will shortly be undertaken by the Masonic Order. In addition to building the new hospital, the Order will maintain and support it.

\* \* \*

WINDSOR, N.S.—A new \$15,000 wing has been added to the Payzant Memorial Hospital, the addition bringing the hospital up to the required standard of fifty beds.

\* \* \*

WINDSOR, ONT.—Miss Edith Money, who has been office manager of the Metropolitan General Hospital since its opening, has resigned to be married.

\* \* \*

WINNIPEG, MAN.—Tenders have been called for alterations to a building formerly operated as a bakery. This is to be converted into a tuberculosis clinic for the Manitoba Sanatorium. A tunnel will connect the clinic with the General Hospital.

\* \* \*

WOLFVILLE, N.S.—A two-storey building with basement to be known as the Westwood General Hospital will soon be constructed. The present plans call for accommodation for twenty-two patients.

\* \* \*

WOODSTOCK, ONT.—Tenders have been called, for an addition to the Ontario Hospital at Woodstock. The present capacity is 200, but the plans under way call for the trebling of this capacity. Three units are planned, two for sleeping and living quarters for the patients and the third for a kitchen and dining room. A central heating plant will also be installed.



## Unsweetened Evaporated Milk in the Diet

Continued from page 33

most negligible. What Vitamin C there happens to be in raw milk is destroyed by the heat of the sterilizing process. Researches show that other vitamins are not destroyed and the minerals are in as valuable a form as in raw milk. As has been mentioned before, the protein and fat of evaporated milk have undergone physical transformation so that they are in condition to be more easily attacked by the digestive enzymes of the alimentary canal.

In considering diets for the sick, the appearance and flavour of the food are of great importance. Evaporated milk has a creamy consistency and communicates this quality to any food prepared from it. Ice cream manufacturers have long used evaporated milk for the smoothness it imparts to their product. Milk drinks or "nogs" of extraordinary richness can be prepared from this commodity.

Then there is the question of economy, with which hospitals are constantly concerned. There is a saving in primary cost, a saving in refrigerator space and a minimum of waste—a threefold saving in its favor.

For the infant who cannot be breast fed, evaporated milk is a solution. At least three well known authorities have pointed out the peculiar advantages of unsweetened evaporated milk in infant feeding—its easy digestibility, its sterility, its uniformity, its richness. For the premature infant who cannot be fed a large volume of liquid, many hospitals use a highly concentrated milk prepared from evaporated milk. Infants sensitive to raw cow's milk can often take formulas prepared from evaporated milk, with impunity.

### Conclusion.

1. When a diet rich in milk is indicated, a concentrated form of milk such as evaporated milk can be used to advantage in the preparation of foods and drinks.

2. Evaporated milk is always a sterilized milk and thus a safe milk.

3. The protein and fat are in a condition such as will facilitate digestion. The convalescent or the infant will react more favorably to evaporated milk than to raw milk for that reason.

4. There is no important loss of nutritive value when raw milk is transformed into evaporated milk.

5. Easily digested foods of particular attractiveness flavor, smoothness and milk richness can be prepared from evaporated milk with economy and convenience.

COLLINGWOOD, ONT.—At the last meeting of the Board of Trustees of the Collingwood General and Marine Hospital, Mr. Qua, heretofore vice-president, was unanimously elected president. The other officers are as follows: Vice-President, F. E. Courtice; Second Vice-President, Mrs. D. McKay; Secretary, N. S. Mackenzie; Assistant Secretary, Mrs. J. H. Irwin; Treasurer, H. Trott; Assistant Treasurer, A. D. Knight.

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## Latest Hospital Report Shows Charges are 90 per cent Higher

*Continued from page 31*

that time. The Dominion average operating room charge rose from \$5.16 in 1913 to \$8.36 in 1928.

The average cost of maintenance per capita per diem for Canada in 1928 was \$3.49, as against \$1.68 in 1913. There has been very little change in this item during the past few years. Because of different bases of cost estimation in the various provinces, exact interprovincial comparisons are not possible. The provincial index numbers, however, show the trend of maintenance costs with a reasonable degree of accuracy. Maintenance costs relative to 1913 have advanced more rapidly than hospital charges, as may be seen, but if 1926 be used as the base of comparison the reverse is the case. In other words, although prior to 1926 maintenance costs rose faster than charges, since that time charges have increased relatively more than maintenance costs.

**NORTH BAY, ONT.**—Announcement has been made by His Lordship Bishop Scollard of the diocese of Sault Ste. Marie, that a community of sisters were prepared to proceed within a year with the erection of a modern hospital at North Bay. The proposed hospital will provide accommodation for 50 to 60 patients and will involve an approximate expenditure of \$240,000. The new hospital will be of the latest design and when completed will be one of the most modern and best equipped in northern Ontario.

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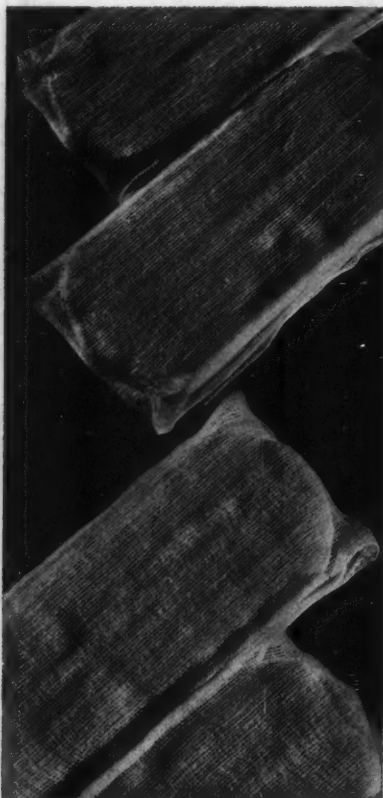
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